The long road since Claude Bernard

Bernard Baertschi

Claude Bernard (1813–1878) is deemed one of the founding fathers of scientific medicine. With good reason, since he rightly insisted on the necessity of putting knowledge to the test of experiment to discover the causes of biological phenomena and the laws that apply to them. He – rightly too, in my opinion – also uttered very harsh words against medical theories that do not respect the canons of experiment, like magnetism and homeopathy [1]. Since his time, medicine has steadily progressed as a scientific discipline, grounded in biology and chemistry, devising new methods to ascertain the effectiveness of tests and treatments offered to patients. Evidence-based medicine (EBM) is one upshot of the new medical methodology; it is appropriate even when we do not know exactly how substances work in the human body, through which mechanisms they modify our physiology – a very common situation. However, a subjective perspective is inseparable from them. Facts are objective, but ought to be described from a point of view. For norms and values, even if you are a moral realist and believe that values are somewhere in the world, you must concede that they are tied to human desires and personal points of view. Consequently, bioethics cannot set subjectivity aside, all the more because respect for patients’ autonomy presupposes consideration of patients’ desires and preferences. To take subjectivity seriously is the daily business of clinical ethics, if not of philosophical or «academic» bioethics.

Medical humanities also focus on subjectivity and are interested in life histories – now frequently referred to as «narratives». Humanities – literature, fine arts, anthropology, some trends in philosophy and history (an open-ended list whose length and constituents remain debated) – are well suited to tackle the individual person, but what distinguishes them from medical ethics? It is not an easy question, but I think it possible to shed some light on it in distinguishing three aspects of individuality and generality. When philosophical bioethics deals with individual human beings, it is mainly interested in their status; that is, in very general properties that confer moral importance on them: are they persons or not? For clinical ethics, individual human beings are essentially suffering individual patients, each with his/her particular history: they are individuals as such. For Medical Humanities, individual human beings are loci and instances of human experiences, able to teach us something common to our human condition.

Claude Bernard acknowledged that in medicine, unlike in the other natural sciences, every patient is idiosyncratic. But this was in the – still clinically important – sense that he exemplifies a difference within a type [3]. Through the inclusion of humanities in the medical curriculum and in medicine as a practice, we can measure how long the road has been since his time. With Martyn Evans, we can ask whether medicine should now be considered as essentially a technical science or as an existential practice. But maybe essentialism is, here as elsewhere, an unfortunate stance, and we would do better to replace «or» by «and», especially if we think that becoming a physician is a pluridisciplinary business.

The Medical Humanities are important for medicine. They are also important for biomedical ethics; together, they constitute a kind of web. It is a modern pluralistic business.
lines how this happened in France and Walter Bruchausen does the same for Germany; two countries with a different cultural background. Micheline Louis-Courvoisier and Alexandre Wenger, two scholars who have been pioneers in the field in Geneva and in Switzerland, also give their views on the topic. A strong focus, then, for a promising «bioethical» discipline.

Correspondence
Bernard Baertschi
Institute for Biomedical Ethics
CMU
1, rue Michel-Servet
CH-1211 Geneva 4
E-mail: bernard.baertschi[at]unige.ch

References